

**Work Order ID 97357**

Friday, February 15, 2013 3:05:37 PM

**\*97357\***

SLIP Feb 27m

Page 1

Item ID: D3935-3

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Pylon Wall Protector, LH

Stop

**\*NS2\***

Start Date: 2/15/2013 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 2/21/2013 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:	Process Plan:	<i>MWF</i>	Date: 13-2-19	Tooling:	Date:	Run	Start	<b>*NR1*</b>
	QC:		Date:	SPC (Y/N):	Date:		Stop	<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3935	B	0.00	4	0	Jm 13-2-20
100		0.00			
<b>*100*</b>					
Waterjet	Memo	0.00			
FLOW CNC Waterjet	1-Cut as per Dwg D3935				
	Dwg Rev: <u>B</u>				
	Prog Rev: <u>B</u>				
	2- Deburr if necessary				

110	QC2- Inspect parts off machine FAI/FAIB	0.00	4	0	Jm 13-2-20
<b>*110*</b>					
QC	Memo	0.00			
Quality Control					

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled						

**Work Order ID 97357**

*Friday, February 15, 2013 3:05:37 PM*

**\*97357\***

Page 2

**Item ID:** D3935-3

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

**Revision ID:**

**Item Name:** Pylon Wall Protector, LH

Stop

**\*NS2\***

**Start Date:** 2/15/2013 **Start Qty:** 4.00

**\*4\***

Cust Item ID:

**Required Date:** 2/21/2013 **Req'd Qty:** 4.00

**\*4\***

Customer:

**Reference:**

**Approvals:** Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/  
Work Center ID  
120

**\*120\***

QC

Quality Control

Operation  
Description

QC8- Inspect parts - second check

Set Up/  
Run Hours

0.00

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

SMB  
0.00 13.2.21

4

130

**\*130\***

Packaging

Packaging

Identify as per dwg & Stock Location: \_\_\_\_\_

0.00

Memo

PP96841

0.00

13/2/20 (4)

140

**\*140\***

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/2/20 (D)

MF 226  
13

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
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			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
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Equip/Tooling										
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FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

# Picklist Print

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Page 1

Work Order ID: 97357

Parent Item: D3935-3

Parent Item Name: Pylon Wall Protector, LH

Start Date: 2/15/2013

Required Date: 2/21/2013

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP RevA: New issue DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-F60029-04 GE PLASTICS LEXAN SHEET		Purchased	No			100	sf	0.0000	8.5323	35.925174 60		JmB 2-20	

124655

124655

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS							
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
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Unapproved												
FAULT CATEGORY												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other

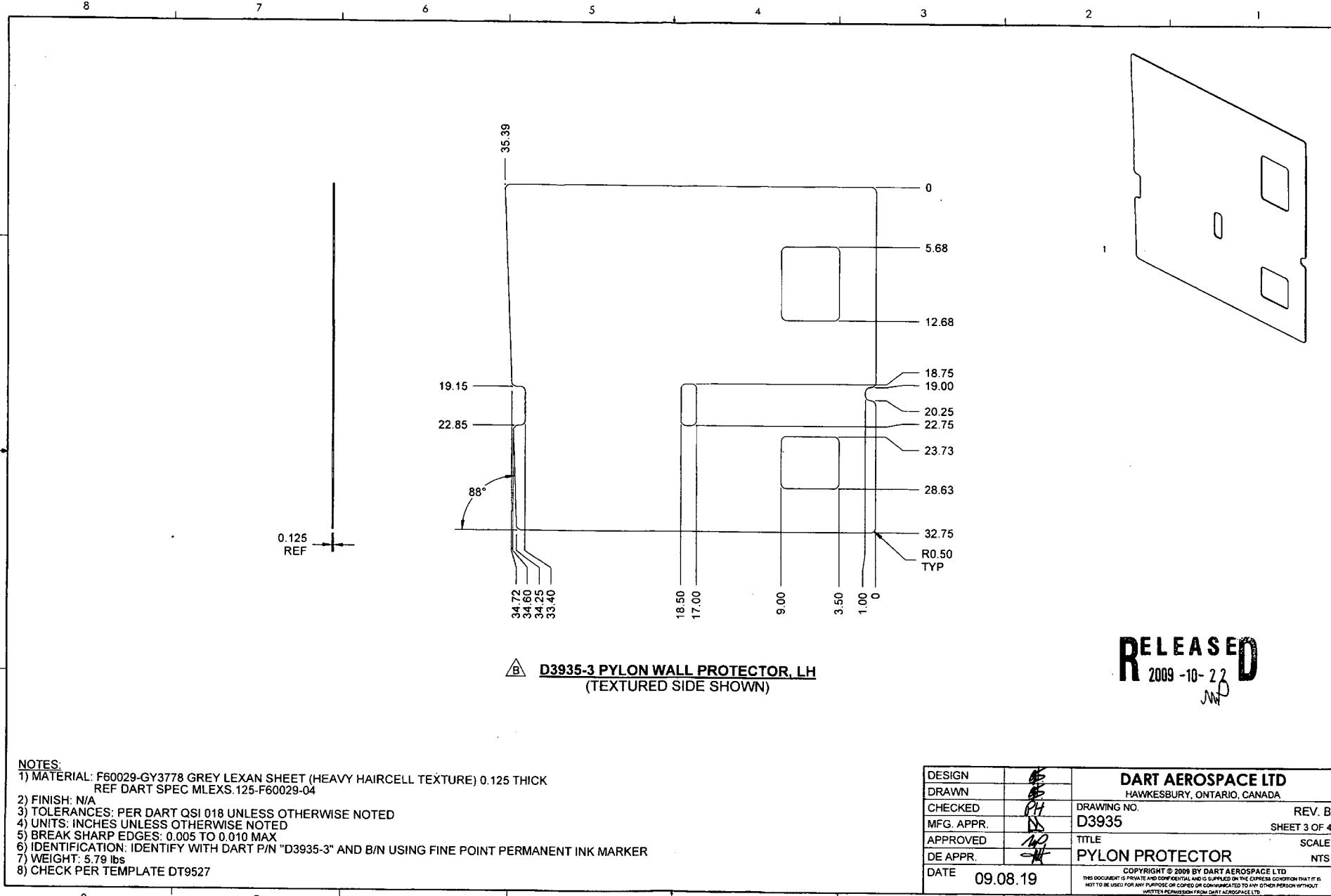
DART AEROSPACE LTD	Work Order:	97357
Description: Pylon Wall Protector, LH	Part Number:	D3935-3
Inspection Dwg: D3935	Rev: B	Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

## X First Article      Prototype

Measured by:	Jm	Audited by:	SHD	Prototype Approval:	N/A
Date:	13-2-20	Date:	13-2-20	Date:	N/A

<b>Rev</b>	<b>Date</b>	<b>Change</b>	<b>Revised by</b>	<b>Approved</b>
A	09.11.17	New Issue	KJ	 



**RELEASED**  
2009-10-21  
*NW*

DESIGN	<i>SH</i>	DART AEROSPACE LTD	
DRAWN	<i>AB</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>PY</i>	DRAWING NO.	
MFG. APPR.	<i>DS</i>	D3935	REV. B
APPROVED	<i>NO</i>	SHEET 3 OF 4	
DE APPR.	<i>NO</i>	TITLE	SCALE
		PYLON PROTECTOR	NTS
DATE	09.08.19	COPYRIGHT © 2009 BY DART AEROSPACE LTD	
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